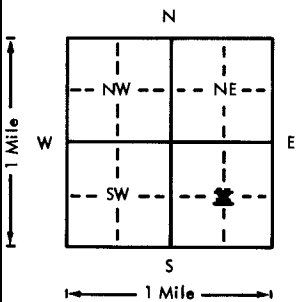


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

| | | | | | |
|--|------------------------|-------------------------------------|---|---|--------------|
| 1. Location of well: | County <u>Kiowa</u> | Fraction <u>1/4 C 1/4 SE 1/4</u> | Section number <u>22</u> | Township number <u>T 28 S R 20 E/W</u> | Range number |
| 2. Distance and direction from nearest town or city: <u>1/4 mi West. North into field from</u> Street address of well location if in city: <u>Mullinville, Ks.</u> | | | 3. Owner of well: <u>Ray Price</u> R.R. or street: <u>none</u> City, state, zip code: <u>Mullinville, Ks. 67109</u> | | |
| 4. Locate with "X" in section below: Sketch map:  | | | 6. Bore hole dia. <u>29</u> in. Completion date _____ Well depth <u>137</u> ft. <u>8-11-77</u> | | |
| 5. Type and color of material | | | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary | | |
| | | | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other | | |
| | | | 9. Casing: Material <u>steel</u> Height: Above or below _____ Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. _____ RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. _____ Dia. <u>16</u> in. to <u>137</u> ft. depth; Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth; gage No. <u>7</u> | | |
| | | | 10. Screen: Manufacturer's name _____ <u>Johnson</u> Type <u>steel</u> Dia. _____ Slot xxx <u>3/16</u> Length <u>30'</u> Set between <u>107</u> ft. and <u>137</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u> | | |
| | | | 11. Static water level: _____ mo./day/yr. <u>70</u> ft. below land surface Date <u>7-21-77</u> | | |
| | | | 12. Pumping level below land surfaces: <u>88</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1350</u> g.p.m. | | |
| | | | 13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>7-21-77</u> | | |
| | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade | | |
| | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft. | | |
| | | | 16. Nearest source of possible contamination: ft. <u>1/4 mi</u> Direction <u>south</u> Type <u>septic</u> Well disinfected upon completion? <u>HTH</u> Yes <input type="checkbox"/> No | | |
| 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | | | | |
| (Use a second sheet if needed) | | | | | |
| 18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: | | 20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Rosencrantz-Bemis</u> <u>134</u> Business name License No. Address <u>Great Bend, Ks. 67530</u> Signed <u>Sandy Kippone</u> Date <u>11-2-77</u> Authorized Representative | | |

T 28 R 20 W E 22 CSE 1/4 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5